

WELFARE (SHRIMATI PANABA LAKSHMI): (a) and (b) The Head of Department of Cardiology in AIIMS has submitted his report on 4th November, 2006, in the matter relating to the complaint of Smt. Beena Maurya alleging negligence in the treatment of Shri R.K. Maurya. The enquiry has concluded that no case of medical negligence or malpractice can be made out against the treating Cardiologist.

(c) In three of the four complaints enquiries have been completed and nothing adverse against the treating Cardiologist has come out. In the fourth complaint, comments of the treating Cardiologist are awaited.

Health spending

1888. PROF. ALKA BALRAM KSHATRIYA:
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are committed to raise public spending on health from 0.9 per cent to 2.3 per cent of GDP;

(b) if so, whether Government also aims to undertake necessary correction of the health system to utilize the increased allocation as promised under Common Minimum Programme;

(c) if so, what are the concrete steps that are being considered in this regard; and

(d) what is the total allocation demanded by his Ministry for the remaining period and also for the next financial year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABA LAKSHMI): (a) to (d) Under the National Common Minimum Programme the Government has indicated that public spending on health will be enhanced from 0.9% to at least 2-3% of GDP over the next five years with focus on primary health care. Several initiatives have been undertaken by the Government in this regard.

The National Rural Health Mission was launched in April 2005 to architecturally correct the healthcare delivery system so as to make the

public health delivery system fully functional and accountable to the community. The Mission has been launched throughout the country with special focus on 18 States with weak health indicators and health infrastructure. The main aim is to provide accessible, affordable, accountable and effective healthcare especially to the rural population and the vulnerable groups. The strategy is to *inter-alia*.

- * Promote access of improve healthcare at household level through the Accredited Social Health Activist (ASHA).
- * Involve the community in the planning, implementation and monitoring of programmes.
- * Train and enhance capacity of Panchayati Raj Institutions to own, control and manage public health services.
- * Integrate vertical health and family welfare programmes at National, State and District levels.
- * Promote convergence of health programmes with nutrition, sanitation and drinking water.
- * Extend technical support to National, State and District Health Mission for public health management.
- * Promote partnership with non-government stakeholders.

To correct the regional balance in the availability of affordable/reliable tertiary healthcare services and also augment facilities for quality medical education, the Government has launched the Pradhan Mantri Swasthya Suraksha Yojana in July, 2003. Under this scheme, it is proposed to establish 6 new AIIMS like institutions and upgrade 13 medical college institutions to the level of AIIMS.

The National Rural Health Mission is for a 7 year period from 2005-2012 and the allocation under the Mission for the remaining period and for programmes in the health sector will fall within the formulation of the 11th Five Year Plan which is yet to be finalized.

Health warning on beedi packets

1889. SHRI SUDARSHAN AKARAPU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether his Ministry has recently issued a Government order regarding